

DIVISION	TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT	DOCKET NO.
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Guardianship of Minor: \_\_\_\_\_

### AUTHORIZATION FOR COURT ACTIVITY RECORD INFORMATION CHECK

I hereby authorize the Juvenile Court to conduct a court activity record information check to determine whether I have a criminal record. I understand the court activity record information check is intended for use by the court in conjunction with my petition for guardianship of the above named minor. I further understand that the court will not consider a petition for guardianship without conducting a court activity record information check of the guardian and the co-guardian, if applicable. Therefore, the information below is willingly supplied by me, and my signature indicates my permission for this record check to be completed.

Proposed Guardian's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Other Names or Aliases used: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Proposed Guardian's Signature)

### NOTARIZATION

The above signed made oath before me on \_\_\_\_\_ that this authorization is her/his free act and deed.

Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_